

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>04-28-94</u>		2 Serial/Patent # <u>08-092974</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input checked="" type="checkbox"/>	Other <u>Surcharge</u>	<u>6</u>	<u>12/3/93</u> \$ <u>65.00</u>
		7 TOTAL AMOUNT OF REFUND \$ <u>65.00</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>23--0439</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>DORA STROUD</u>		TITLE: <u>Lead EXR.</u>	
SIGNATURE: <u>Dora Stroud</u>		PHONE: <u>308-1202</u>	
OFFICE: <u>PTAR-0300</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>5/10/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

Office of Finance
Refund Branch
Crystal Park One, Room 802E